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Bib Data Sheet

CONFIRMATION NO. 5897

<b>SERIAL NUMBER</b> 10/600,725	<b>FILING OR 371(c) DATE</b> 06/20/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 14206/67156
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**APPLICANTS**

Stephane Bedard, Saint-Augustin-de-Desmaures, CANADA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/405,281 08/22/2002 and claims benefit of 60/424,261 11/06/2002 \*  
 and claims benefit of 60/453,556 03/11/2003

(\*)Data provided by applicant is not consistent with PTO records.

OK - on 6-26-06

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

NONE on 6-26-06

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 09/12/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 81	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

**ADDRESS**

26869

**TITLE**

Control system and method for controlling an actuated prosthesis

<b>FILING FEE RECEIVED</b> 1031	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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